

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-3816  
Phone #: (608) 266-5511

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS & LAND SURVEYORS

### PROFESSIONAL ENGINEER SECTION

#### INSTRUCTION PACKET FOR CERTIFICATION AS AN ENGINEER-IN-TRAINING

Enclosed are the forms for applying for Certification as an Engineer-in-Training and a copy of the Wisconsin Statutes and Administrative Code relating to certification. This is not the application for applying for the fundamentals of engineering (EIT) examination. To obtain the exam application contact CPS Human Resource Services at (916) 263-3644 or register online at [www.cps.ca.gov](http://www.cps.ca.gov).

#### **FILING AN APPLICATION:**

All applicants for Certification as an Engineer-In-Training must complete an "Application for a Certificate of Record as an Engineer-In-Training" (Form #1098). Please type or print all information when completing the "Application for a Certificate of Record as an Engineer-In-Training" (Form #1098).

Completed applications must be mailed to the address listed above. Applications hand delivered or mailed by special courier must be addressed to the department's street address: 1400 East Washington Avenue, Room 173, Madison, WI 53703.

#### **FEE:**

Please include with your application a check or money order made payable to the Department of Regulation and Licensing for the \$53.00 initial credential fee.

#### **EDUCATION:**

Official transcripts showing courses taken and degrees received are required. Transcripts must be sent by the college or university to you. You must send the transcript in the sealed envelope to the Professional Engineers Section at the address listed above with your application. If you attended more than one school and transfer credits appear on the transcript from the school where the degree was received, it is not necessary to provide a transcript from the first school(s). Unofficial copies of transcripts are not acceptable. You must have received a B.S. degree in engineering from an approved school or document, 4-years education and/or experience to receive a certification as an Engineer-In-Training.

The Professional Engineers Section grants an experience equivalent for education. A Bachelor of Science degree in engineering accredited by the Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology (EAC/ABET) is equivalent to 4 years of experience. A Bachelor of Science degree in engineering technology accredited by the Technology Accreditation Commission of the Accreditation Board for Engineering and Technology (TAC/ABET) is equivalent to 3 years of experience.

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If the degree is from an international educational institution, you must provide an official detailed evaluation by Engineering Credential Evaluation International (ECEI) telephone (410) 347-7738 or access their website at: [www.ecei.org](http://www.ecei.org) . The transcript should also be submitted to the Engineer Section.

If your degree is not an EAC/ABET (Engineering Accreditation Commission of the Accreditation Board for Engineering and Technology) approved engineering degree equivalent to four years of experience, you will be required to submit an "Experience Record" (Form #463) and three "Professional Engineer-In-Training Applicant Appraisal Forms" (Form #471) to document additional experience to satisfy the four-year certification requirement. Please call the board office if you need to receive these forms.

## **VERIFICATION OF EXAMINATION SCORES:**

If you completed parts of the engineer examination in another state, you must contact the registration agency in that state and request that they provide official verification of the scores directly to this office. We suggest that you furnish a pre-addressed stamped envelope for their convenience.

## **WISCONSIN STATUTES AND ADMINISTRATIVE CODE:**

A copy of the Wisconsin Statutes and Administrative Code relating to the practice of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors is available on the web at [www.drl.state.wi.us/publications](http://www.drl.state.wi.us/publications) or at most public libraries. If you wish to purchase a copy please make check or money order payable to Department of Regulation and Licensing for \$5.28 per copy.

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1400 E. Washington Avenue  
Madison, WI 53703  
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Website: http://www.drl.state.wi.us

## EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS AND LAND SURVEYORS

### PROFESSIONAL ENGINEER SECTION

#### APPLICATION FOR CERTIFICATE OF RECORD AS AN ENGINEER-IN-TRAINING

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number ( ____ ) ____ - ____
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Ethnic/gender status  
information is optional.

Sex: ☐ M  
☐ F

Ethnic: ☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin  
☐ Hispanic

☐ American Indian or Alaskan  
☐ Asian or Pacific Islander  
☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

The engineer-in-training certificate expires 10 years from the date of issue.

**QUALIFICATION:** Place an "X" in ONE space only indicating how you qualify.

\_\_\_\_ Comity (Hold a valid EIT certificate issued by another state)  
State \_\_\_\_\_  
EIT Number \_\_\_\_\_  
\_\_\_\_ Passed - Fundamentals of Engineering examination in the state  
of \_\_\_\_\_  
on \_\_\_\_\_  
month/year

If examination was passed in another state, you must contact the registration  
agency in that state for official verification of examination score.

#### FOR BOARD APPROVAL ONLY

BY \_\_\_\_\_

BY \_\_\_\_\_

BY \_\_\_\_\_

DATE \_\_\_\_\_

**EDUCATION:** (Official Transcripts Required)

Colleges Attended	Degree Received	Date of Graduation	Major

**APPLICATION FEE:** Make check or money order payable to Department of  
Regulation and Licensing and attach to application.

\$53.00

#1098 (Rev. 12/03)  
Ch. 443, Stats.

-OVER-

For Receipting Use Only

# Wisconsin Department of Regulation & Licensing

## **STATEMENT OF ARREST OR CONVICTION:** (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252.	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

## 4. **AFFIDAVIT OF APPLICANT**

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Architects, Landscape Architects, Professional Engineers, Designers and Land Surveyors or the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

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First Name

Middle Initial

Last Name

---

Profession

Date of Birth

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) \_\_\_\_\_

Mail To Address (if different) \_\_\_\_\_

Date of Birth  ____ month ____ day ____ year	Social Security Number  ____-____-____ <small>Information helps us identify your record, but is voluntary. It is not available to the public.</small>
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Ethnic/gender information  
is required to check criminal  
information records.

Sex: ☐ M  
☐ F

Ethnic: ☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin  
☐ Hispanic

☐ American Indian or Alaskan  
☐ Asian or Pacific Islander  
☐ Other

1. List all other names used: \_\_\_\_\_
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

**It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.**

OFFENSE

DATE

CITY/STATE


Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED  
☐ Probation ☐ ☐ \_\_\_\_\_  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are pending. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.


## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____ Signature	_____ Date
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Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

_____ Signature of Notary Public	_____ Date
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My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

# Department of Regulation & Licensing

## State of Wisconsin

(608) 266-2112

TTY# (608) 267-2416, hearing or speech

TRS# 1-800-947-3529, impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: [dorl@drl.state.wi.us](mailto:dorl@drl.state.wi.us)

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-0644

## NOTICES

### TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Section RL 4.06 of the Wisconsin Administrative Code provides a time period for reviewing an application by the licensing authority. Generally, under this rule, an authority shall make a determination on an original application for a credential within 60 business days after a completed application is received. An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Procedures for conducting a denial proceeding are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 may be obtained from the department and is available at some public libraries.

### PERSONALLY IDENTIFIABLE INFORMATION

Information collected on an application form will be used to determine eligibility for a credential or examination. Information collected on a complaint form will be used to assist in determining compliance with professional standards. It is not likely that information collected by these forms will be used by the department for other purposes.

*Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.*

Information collected by these forms may be made available to others under Wisconsin laws governing inspection of public records. Credentialing is a public process with a goal of identifying those competent to protect the public. Names and addresses provided on an examination scheduling application, applicant pass/fail status on the examination, and the name and address on a credential record may be provided to others who request it.

### AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications:** Individuals who need auxiliary aids for effective communication in programs and services may make their needs and preferences known by calling the Department's ADA Coordinator at (608) 267-1815 or TTY at (608) 267-2416.

**Examinations:** Individuals may request special accommodations for examinations by completing a Disability Accommodation Request Form available from the Office of Examinations at (608) 266-2852.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 267-1815 or TTY at (608) 267-2416.

#1988 (Rev. 3/00)

ss. 15.04 (1) (m), 19.35, Stats.

Committed to Equal Opportunity in Employment and Licensing